## **Semi-Independent Living Services Protocol Checklist**

Person's Name	Date of Birth					
	(Last, First)					
Daviewer's Neme	Annuale Culturisaion Data					
Reviewer's Name	Appeals Submission Date (Last, First)					
NOTE: This residential Waiver.	service option is ONLY available to individuals enrolled in the Self-Determination	ſ				
The Department will assi	s flexibility for the person to change to a residential, semi-independent living arrangement in cases where the person needs to change from a different waiver into the r in order to receive this residential service option.	nt.				
Technical Review						
☐ YES ☐ NO	Is the correct funding source, site code and service code used in Section C of the ISP?					
	If YES, continue to Question #1 in Section A, B or C as applicable.					
	If <b>NO</b> and the wrong funding source, site code and service code is due to a simple error, correct the error and continue to Question #1 in Section A, B or C as applicable.					
	If <b>NO</b> based on lack of a site code because the provider is not licensed or does not have an approved provider agreement, deny as non-covered due to failure to meet provider qualifications as specified in the SD Waiver and in the TennCare rules applicable to the waivers.					
	ndependent Living Services	]				
1.	Medical necessity review questions:					
a. 🗌 YES 🗌 NO	<ul> <li>Is there sufficient information in the ISP and supporting documentation to show that the person:</li> </ul>					
	(1) Is independent with basic activities of daily living (i.e., fundamental self-care tasks such as bathing, dressing, chewing and swallowing food, and assistance with toileting); AND					
	(2) Requires assistance with one or more of the following:					
	(a) Instrumental activities of daily living (activities which are not necessary for fundamental functioning, but are necessary for an individual to live independently in the community (e.g., training and assistance with managing money, preparing					

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				meals,	shopping, health management and maintenance); OR
			(b)	Interpe	rsonal and/or social skills building; OR
			(c)		ctivities that are needed to improve the person's y to live in the community; AND
		(3)			ndependence and personal safety which only requires mited support to live independently in their own home;
		(4)	Does n	ot requir	e support staff to live in their home; AND
		(5)			capable of medication self-administration with minimal ssistance; <b>AND</b>
		(6)	safely a		th proper supports (behavioral or otherwise) can essfully maintain a semi-independent living <b>ND</b>
b. 🗌 YES 🗌 NO	b.	Is there sufficient information in the ISP and supporting documentation which describes the routine supports (including access to emergency supports as needed from the provider on a 24/7 basis) which will be provided by the residential staff; <b>AND</b>			
c. 🗌 YES 🗌 NO	C.				ation in the ISP and supporting documentation to following:
		(1)		safely ar	eed for direct support services and other services can ad effectively met in the home for one of the following
			(a)	The pe	rson resides in a home with family members and:
				i.	The caregiver(s) died; <b>OR</b>
				ii.	The caregiver(s) became physically or mentally incapacitated and can no longer reasonably provide caregiver services; <b>OR</b>
				iii.	It is unsafe for the person to remain in the home due to abuse or neglect by the caregiver(s) or by other individuals residing in the home; <b>OR</b>
			(b)		rson resides in a home with individuals other than nembers, and:
				i.	The caregiver(s) are no longer willing or able to provide caregiver services; <b>OR</b>
				ii.	It is unsafe for the person to remain in the home due to abuse or neglect by the caregiver(s) or by other individuals residing in the home; <b>OR</b>

		(c)	The person is currently homeless, will be homeless within 30 days due to eviction, or is being discharged from a hospital or other institution or custody of the Department of Children's Services and the person does not have family members or others who are willing or able to provide a place of residence; OR
		(d)	The provision of in-home services (e.g., Personal Assistance) is not sufficient to safely support the individual in the community, because the person requires the availability of emergency supports as needed on a 24/7 basis; <b>OR</b>
	(2)	service rather	ore cost-effective to meet the person's needs for direct support es and other services through a waiver residential service than through the provision of other waiver services in the n's home or in a home with family members or other caregivers?
	Services.		and "1.c.", stop and <b>approve</b> Semi-Independent Living "1.b." or "1.c.", stop and <b>deny</b> as not medically necessary.
Approved			
☐ Denied			
Reviewer signature and date			

## B. Continuation of Semi-Independent Living Services in the Same Home

1.	Medical necessity review questions:			
a. 🗌 YES 🗌 NO	a.	Is there sufficient information in the ISP and supporting documentation to show that the person <i>continues</i> to:		
		(1)	self-ca	ependent with basic activities of daily living (i.e., fundamental re tasks such as bathing, dressing, chewing and swallowing nd assistance with toileting); <b>AND</b>
		(2)	Require	e assistance with one or more of the following:
			(a)	Instrumental activities of daily living (activities which are not necessary for fundamental functioning, but are necessary for an individual to live independently in the community (e.g., training and assistance with managing money, preparing meals, shopping, health management and maintenance); <b>OR</b>

			(b)	Interpersonal and/or social skills building; <b>OR</b> Other activities that are needed to improve the person's
			(C)	capacity to live in the community; <b>AND</b>
		(3)	require	a level of independence and personal safety which only es intermittent or limited support to live independently in their ome; AND
		(4)	Not red	quire support staff to live in their home; AND
		(5)		cable, be capable of medication self-administration with all oversight and assistance; <b>AND</b>
		(6)		cable, with proper supports (behavioral or otherwise) safely accessfully maintain a semi-independent living arrangement;
b.  YES  NO	b.	b. Is there <i>still</i> sufficient information in the ISP and supporting documentation which describes the routine supports (including access to emergency supports as needed from the provider on a 24/7 basis) which will be provided by the residential staff; <b>AND</b>		
c. YES NO	c. Is there sufficient information in the ISP and supporting documentation which provides proof that the minimum requirement of two (2) face-to-face visits in the home per week (with a maximum number to be determined by the person's needs) have been held with the person as required, in which the documentation ensures that:			
		(1)		ndependent Living Services continue to be the most priate residential setting for the person; <b>AND</b>
		(2)		erson's needs continue to be safely and effectively met in ndependent Living Services?
	If <b>YES</b> to "1.a.", "1.b." and "1.c.", stop and <b>approve</b> continuation of Semi-Independent Living Services.			
	If <b>NO</b> to <b>either</b> "1.a.", "1.b." or "1.c.", stop and <b>deny</b> continuation of Semi-Independent Living Services as not medically necessary.			
☐ Approved				
☐ Denied				
Reviewer signature and date				

## C. Continuation of Semi-Independent Living Services AND Transfer to a Different Semi-Independent Living Services Home

	estions:		
☐ YES ☐ NO	ormation in the ISP and supporting doc continues to:	Is there sufficient inform show that the person co	and supporting documentation to
	ent with basic activities of daily living (iks such as bathing, dressing, chewing sistance with toileting); <b>AND</b>	self-care tasks	dressing, chewing and swallowing
	stance with one or more of the followin	(2) Require assista	nore of the following:
	umental activities of daily living (activitiessary for fundamental functioning, but advividual to live independently in the coing and assistance with managing mortls, shopping, health management and a	necess an indi training	tal functioning, but are necessary for bendently in the community (e.g., with managing money, preparing
	rpersonal and/or social skills building; (	(b) Interpe	cial skills building; <b>OR</b>
	er activities that are needed to improve acity to live in the community; <b>AND</b>		
	of independence and personal safety of independence and personal safety of independent or limited support to live independent.		
	support staff to live in their home; AND	(4) Not require sup	their home; AND
	be capable of medication self-adminis sight and assistance; <b>AND</b>		
	with proper supports (behavioral or othe fully maintain a semi-independent living		
☐ YES ☐ NO	information in the ISP and supporting routine supports (including access to enform the provider on a 24/7 basis) whice ff; AND	which describes the rou	
☐ YES ☐ NO	ormation in the ISP and supporting doc ne minimum requirement of two (2) face with a maximum number to be determine to been held with the person as required res that:	provides proof that the the home per week (with	
	endent Living Services continue to be the residential setting for the person; <b>AND</b>		
	er activities that are needed to improve acity to live in the community; AND of independence and personal safety or mittent or limited support to live independence and personal safety or mittent or limited support to live independence and personal safety or mittent or limited support to live independence and personal safety or mittent or limited support to live independence and personal safety or mittent or limited support safety or medication self-administration assistance; AND with proper supports (behavioral or other fully maintain a semi-independent living sent to support (including access to enter the provider on a 24/7 basis) which first and supporting document or minimum requirement of two (2) face with a maximum number to be determined been held with the person as required the support of the person as required the support of the person as required the support of the person as required the person as required the support of the person as required the person as require	(c) Other a capacit  (3) Have a level of requires interm own home; AN  (4) Not require sup  (5) If applicable, be minimal oversig  (6) If applicable, we and successful AND  Is there still sufficient in which describes the rocusupports as needed from by the residential staff;  Is there sufficient inform provides proof that the the home per week (with person's needs) have be documentation ensures  (1) Semi-Independential stage of the sufficient informulation of the sufficient	needed to improve the person's mmunity; AND  d personal safety which only pport to live independently in the their home; AND  cation self-administration with e; AND  s (behavioral or otherwise) safe i-independent living arrangements independent living arrangements a 24/7 basis) which will be provided to be determined by the person as required, in which the es continue to be the most

	(2) The person's needs continue to be safely and effectively met in Semi-Independent Living Services?  If <b>YES</b> to "1.a.", "1.b." and "1.c.", stop and <b>approve</b> continuation of Semi-Independent Living Services.  If <b>NO</b> to <b>either</b> "1.a.", "1.b." or "1.c.", stop and <b>deny</b> continuation of Semi-Independent Living Services as not medically necessary.
☐ Approved	
☐ Denied	
Reviewer signature and date	